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CONFIRMATION NO. 5857

SERIAL NUMBER 10/680,780	FILING DATE 10/06/2003 RULE	CLASS 359	GROUP ART UNIT 2872	ATTORNEY DOCKET NO. 495812005800
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APPLICANTS

Kenneth E. Anderson, Boulder, CO;

Kevin R. Curtis, Longmont, CO;

** CONTINUING DATA *****

This appln claims benefit of 60/453,529 03/10/2003

OK AS

** FOREIGN APPLICATIONS *****

None AB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/31/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CO	13	83	5
Verified and Acknowledged	Examiner's Signature <i>AB</i> Initials <i>AB</i>				

ADDRESS

25226
 MORRISON & FOERSTER LLP
 755 PAGE MILL RD
 PALO ALTO , CA
 94304-1018

TITLE

Polytopic multiplex holography

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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